

HOT SPOT

Hang on Tight—Stories, Parables, Occurrences, Training

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Spotlight On Care:

Bicycle Safety

Riding a bicycle gives a person a great sense of independence. Having that independence includes a responsibility for safety. As caregivers, it is essential to discuss safety options with every biker. A bicycle helmet is a vital tool. When a person chooses their own helmet, they are more likely to wear it. Caregivers should enthusiastically support the use of a helmet.

Bicycle helmets can reduce the risk of head injury by up to 85 percent. Most deaths related to bicycle falls and collisions involve head injuries. This means that wearing a helmet can save your life.

The helmet should fit comfortably and securely. It should be worn so that it is level on the head (not tilted back on the crown or pulled low over the forehead). A person should not be able to move the helmet in any direction, back-to-front or side-to-side. The chin strap should be securely fastened. If needed, the helmet's sizing pads can help improve the fit.

For the first time ever, all bicycle helmets must meet a uniform mandatory safety standard issued by the U.S. Consumer Product Safety Commission (CPSC). In the past, bicycle helmets have met one or more voluntary safety standards, but after March 1999, all bicycle helmets manufactured in or imported to the United States must comply with the new Federal standard. Some manufacturers are likely to offer helmets meeting the CPSC safety standard before the effective date. After March 1999, consumers need only to look for a label or sticker that says the helmet meets the CPSC safety standard. This label or sticker ensures that the helmet will provide a high degree of head protection when biking.

Bicycle Safety

- Wear a bike helmet. A person may suffer a head injury in a bike crash. Bike helmets can prevent head injuries.



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MORTALITY ALERT!

Could this happen to you?
Basic Bathroom Safety

Is it possible for an adult to drown in the bathtub? A person with altered mobility or seizures could possible fall into the tub. During the fall, it is possible for the person to turn on the water. If clothing or a body part obstructs the tub drain, the tub could quickly begin to fill with water. When a person remains unable to alter their position, drowning could result.

Standing water, scalding hot water, hard and slippery surfaces, pretty poisons in the guise of toiletries, razor blades, and electrical appliances - ordinary components of practically any bathroom - are hazards that warrant attention. Here are some suggestions to make it safe.

Water Hazards

- Never let even a small amount of water stand in the tub. Persons have been known to drown in as little as two inches of water.
- Water temperature in the water-heating system should not exceed 120 degrees F. Set the water heat to a maximum of 120 degrees F to prevent the possibility of scalds. For added protection, install an antiscald device. Double-check water temperature with a bath thermometer.
- Hard, slippery surfaces. A wet tub or wet tile floor can be

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The HOT SPOT can be found on the web site for the State of Tennessee. Find it easily at www.state.tn.us/mental/publicate.html

MORTALITY ALERT! COULD THIS HAPPEN TO YOU?

Basic Bathroom Safety... from page 1

extremely slippery. Injuries can easily occur if a person slips as they sit, stand in, or climb in or out of a tub. Place a nonslip mat or appliques at the bottom of the tub and a nonskid rug or bathmat on the floor next to the tub. Always wipe up water that has splashed on to the floor quickly, so it will not add to the risk of slipping. Commercial padding is available that fits snugly over the top edge of the tub, cushioning the hard surfaces and preventing serious injury should a person fall against it.

- Avoiding shock. Cap all electrical outlets not in use with safety covers. Make sure outlets are protected by ground fault circuit interrupters (GFCI) to safeguard against electrocution. Always unplug small appliances, such as hair dryers and curling irons, when not in use, and put them safely out of the reach. Remember, too, that some items can retain enough electricity to cause shock after they have been turned off. Do not use appliances near a bathtub or sink full of water and keep the toilet lid closed when small appliances are in use. As an added precaution against electrocution, do not use space heaters or extension cords in the bathroom.
- Lock away all bathroom cleaning products and supplies. Most are toxic when ingested and harmful if they come into contact with skin or eyes, and some are so potent that just inhaling the fumes can cause serious damage. Medications -- over-the-counter preparations from aspirin to vitamins and those prescribed by a doctor -- are best safety locked away in a special chest, drawer, closet, or medicine cabinet.

Note that many medications are best stored in a room other than the bathroom, since the heat and humidity may cause them to deteriorate.

- Secure containers. Toiletries -- from shampoo and deodorants to perfume and cosmetics -- should not be accessible to ingestion. Place them high and well out of sight and reach or lock them up. Be sure to check the area around the tub and shower, removing shampoos, conditioners, and razors.
- Secure hampers or laundry shoots so a person cannot become trapped or fall in.
- Put safety locks on any windows.
- Lock away the garbage can inside a cabinet or under the sink so that it, too, is out of reach.

People with a wide variety of physical and mental impairments may require some modification of the physical environment to improve safe access to the toilet. Bathrooms should be modified to compensate for the persons altered mobility. Handrails should be placed near the toilet to assist the

person in transferring to the toilet. Remove any throw rugs from the bathroom and all corridors leading to the bathroom. Take measures to ensure that proper lighting is available, in both the bathroom and the corridors. Placement of several night-lights may ensure that the person safely reaches the bathroom. In addition, some people, especially those with neurological disorders, may become confused upon waking in a dark room. Placement of night lights or motion sensor lights may help to re-orient the person to their location.

Special raised toilet seats may be beneficial for people who have difficulty using a standard toilet seat (e.g. people who have sustained a hip fracture, or those with arthritis or other musculoskeletal injuries). It may be necessary to have a referral to the regional PNMT for a needs assessment.

If access to the bathroom requires the person to climb steps or travel long distances, provide the person with a bedside urinal or commode. The commode is a portable toilet that can be placed close to the bed or chair where the person usually resides. The commode should be sturdy and should not slide easily. Adjust the level of the chair so that the person can easily transfer from the bed or chair to the commode.

People who use a walker or wheelchair, may need to physically alter doors and bathroom layout to accommodate this equipment. Special attention should be made to the direction that the door opens. Does the door hinder access to the toilet? Are other bathroom fixtures in the way? Is there enough room to use the walker or wheelchair while in the bathroom? The PNMT may be helpful in assisting to determine what modifications are necessary.

When caring for someone who needs assistance to use the toilet, developing a call system (such as a bell or buzzer) to alert the caretaker to the needs of the person may be helpful. Often there is little time between the first urge to urinate and the incontinence episode. Therefore, the caretaker must be attentive to the toileting needs of the immobile person.

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- Make sure that the bike is the right size. The person should be able to straddle the bike with both feet on the ground.
- Inexperienced bikers should use bikes with coaster brakes--the kind that brakes when pedaled backwards. Before using hand brakes, a person's hand should be large enough and strong enough to use the levers.
- Avoid riding at night if possible. Make sure the bike has reflectors.
- Obey all traffic laws. Stop at stop signs, check for traffic before turning, and ride on the same side of the road as the automobiles do. Be predictable and ride defensively. Try to ride where drivers of cars can see the biker. Bicycles are frequently involved in car accidents because the driver of the

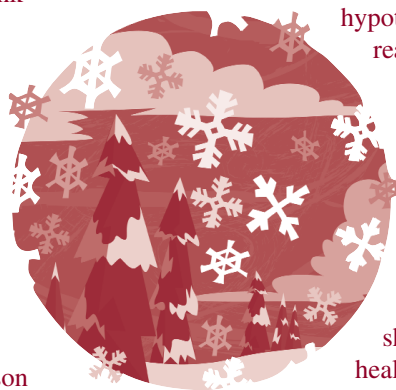
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Cold Weather is on the Way

The NIA, part of the National Institutes of Health at the U.S. Department of Health and Human Services, leads the federal research effort on the conditions and diseases associated with aging. The following are a few suggestions concerning hypothermia. Visit their web site at <http://www.nia.nih.gov/> for more information.

Hypothermia and Older Citizens

Older people who lower the thermostat to cut heating bills raise their risk of hypothermia, a potentially fatal condition in which the temperature of the body drops for a prolonged period. Hypothermia is a particular problem for older people who lack proper nutrition, take certain medications, drink alcohol, and who have conditions such as arthritis, Alzheimer's disease, stroke, and Parkinson's disease. If it is suspected that someone may have hypothermia look for the "umbles"—stumbles, mumbles, fumbles, and grumbles - these show that the cold is affecting how well a person's muscles and nerves work. Take their temperature with a thermometer that has been shaken to its lowest point. If their temperature does not rise above 96°, call for emergency help. While waiting, keep the person warm and dry. Wrap the person in blankets, towels, coats -- whatever is handy. An older person's skin may be easily damaged so be gentle if rubbing their arms and legs to generate warmth.



Hypothermia: A Cold Weather Hazard

Cold weather is very risky for older people. Almost everyone knows about winter dangers such as broken bones from falls on ice or breathing problems caused by cold air. But the winter chill can also lower the temperature inside the body. That can be deadly if not treated quickly. This drop in body temperature, often caused by staying in a cool place for too long is called hypothermia. A body temperature below 96° F may seem like just a couple of degrees below the normal temperature of the body of 98.6° F. It can be dangerous. It may cause an irregular heartbeat leading to heart problems and death.

What To Look For

When most people think about being cold, they probably think of shivering. That is one thing the body does when it gets cold. This warms the body. Muscles shiver in response to messages sent by the nerves. Shivering increases muscle cell activity that, in turn, makes heat. However, shivering alone does not mean hypothermia. So, how can a person tell if someone has hypothermia? It can be tricky because some older people may not want to complain. They may not even be aware of how cold it is. Look for the "umbles" — stumbles, mumbles, fumbles, and grumbles — these show that the cold is affecting how well a person's muscles and nerves work.

Watch for:

- Confusion or sleepiness
- Slowed, slurred speech, or shallow breathing
- Weak pulse or low blood pressure
- A change in behavior during cold weather or a change in the way they look
- A lot of shivering or no shivering; stiffness in the arms or legs
- Chilly rooms or other signs that they have been in a cold place
- Poor control over body movements or slow reactions

What Should Be Done?

If someone may have hypothermia, take his or her temperature with a thermometer. Make sure to shake the thermometer so it starts below its lowest point. If the temperature does not rise above 96° F, call for emergency help. In many areas, that means calling 911. The only way to tell for sure that someone has hypothermia is to use a special thermometer that can read very low body temperatures. Most hospitals have such thermometers. The person must be seen by a doctor. If possible, the doctor should know about hypothermia and work in a well-equipped hospital emergency room. There, the doctors will warm the person's body from inside out. For example, they may give the person warm fluids directly into a vein using an I.V. Whether the person gets better depends on how long he or she was exposed to the cold and his or her general health. While waiting for help to arrive, keep the person warm and dry. Move him or her to a warmer place, if possible. Wrap the person in blankets, towels, coats — whatever is handy. It may be tempting to rub the person's arms and legs. This can make the problem worse. The skin of an older person may be thinner and more easily torn than the skin of someone younger.

What Things Put A Person At Risk?

Some things that put any older person at risk for hypothermia and some things that can be done to avoid it include:

- Changes in the body that come with aging can make it harder to feel when someone is getting cold. It may be harder for the body to warm itself. Pay attention to how cold it is where you are.
- If someone does not eat well, they might have less fat under their skin. Fat can protect the body. It keeps heat in the body. Make sure the person is eating enough food to keep up their weight.
- Some illnesses may make it harder for the body to stay warm. These include:
 - Disorders of the body's hormone system such as low thyroid (hypothyroidism)
 - Any condition that interferes with the normal flow of blood such as diabetes
 - Some skin problems such as psoriasis that allow the body to lose more heat than normal. Try to stay away from cold places.
- Other health problems might keep someone from moving to a warmer place or putting on more clothes or a blanket.

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For example:

- Severe arthritis, Parkinson's disease, or other illnesses that make it harder to move around
- Stroke or other illnesses that can leave a person paralyzed and make clear thinking more difficult
- Memory disorders or dementia
- A fall or other injury
- Some medicines often used by people also increase the risk of accidental hypothermia. These include drugs used to treat anxiety, depression, or nausea. Some over-the-counter cold remedies can also cause problems. Ask the doctor how the medicines may affect body heat.
- Alcoholic drinks can also make a person lose body heat faster. Use alcohol moderately, if at all. Do not drink alcohol before bedtime when it gets colder outside — and maybe inside, too.
- Clothing can make someone colder or help keep him or her warm. Tight clothing can keep the blood from flowing freely. This can lead to loss of body heat. Wear several layers of loose clothing when it is cold. The layers will trap warm air between them.

As a caregiver, be aware of the indoor temperature and have a person add layers of clothing or use a blanket while watching TV or during periods of physical inactivity. Pay attention to complaints of "being cold". Encourage the use of a blow dryer after washing hair to prevent a person from having wet hair in a cool environment.

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car did not even know the bike was there. Often, accidents occur when drivers do not pay enough attention to bikers. Many accidents have been avoided because the biker was paying attention to the car.

- Never ride out into a street without stopping first.
- Use the proper hand signals for turning or stopping.
- Yield the right of way to pedestrians.
- Wear brightly colored clothing so motorists can easily see the biker.
- Use bike paths at all times if possible.

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The Tennessee Department of Mental Health and Developmental Disabilities is committed to principles of equal opportunity, equal access and affirmative action. Contact the department's EEO/AA Coordinator at (615) 532-6580, the Title VI Coordinator at (615) 532-6700 or the ADA Coordinator at (615) 532-6700 for inquiries, complaints or further information. Persons with hearing impairment should call (615) 532-6612.



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